

# PATENT PROSECUTION RECEIPT OF FILING

<b>Atty. Docket No:</b> 36956-168147 <b>Title of Application:</b> SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT FOR PROVIDING A MULTI-USER E-MAIL SYSTEM <b>Application No:</b> 09/714,997 <b>Patent No. :</b>	<b>Attorney/LAA:</b> RPA:cja <b>PTO Due Date:</b> <b>Current Date:</b> May 9, 2008 <b>Filing Date:</b> November 20, 2000 <b>Issue Date:</b>
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The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

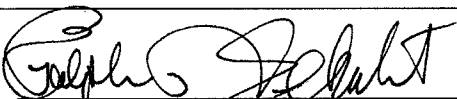
## U.S. PTO FEES ENCLOSED

<input checked="" type="checkbox"/> <b>Transmittal Form SB-21</b> <input checked="" type="checkbox"/> <b>Fee Transmittal Form SB-17</b> New U.S. Patent Application (____ pages of specification/claims) Rule 53(d) Continued Prosecution Application Rule 53(b) Continuation or Divisional Application (attach copy of specification, claims, drawings and declaration) U.S. National Stage Application of PCT Application Request for Continued Examination (RCE) under 37 CFR 1.114 Application Data Sheet Substitute Specification Priority Document-Cert. Copy of Appln.#: ____; Country: ____; Date Filed: ____ Formal Drawings (____ sheets, Figs.) Inventor Declaration Assignment w/Cover Sheet Response to Notice to File Missing Parts Response to Notice to File Missing Requirements Response to Requirement <input checked="" type="checkbox"/> <b>Yellow filing receipt</b> <input checked="" type="checkbox"/> <b>Amendment and Reply to Final Office Action</b> <input checked="" type="checkbox"/> <b>Amendment Transmittal</b> Petition/Request for Extension of Time ( mo. ext.) Notice of Appeal Appeal Brief (in triplicate) / Reply Brief (in triplicate) Request for Oral Hearing Confirmation of Hearing Petition Issue Fee Transmittal Certificate of Correction Maintenance Fee Transmittal Status Inquiry <b>Other:</b> (Please describe below)	_____ Filing Fee _____ Search Fee _____ Examination Fee _____ Additional Claim Fee _____ Extension Fee _____ IDS Fee _____ Recordation Fee _____ Notice of Appeal Fee _____ Brief on Appeal _____ Oral Hearing Request Fee _____ Petition Fee _____ Issue Fee _____ Other Fees (Describe) _____ _____ 0.00 <b>Total Fees Paid</b>
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Charge the above fees as follows:

☐ USPTO Deposit Account No. 22-0261  
☐ USPTO Deposit Account No. \_\_\_\_\_  
☒ USPTO not to charge any Deposit Account

Reviewed By:

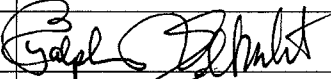
  
 Signature of Attorney

Date

5/9/08

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	09/714,997-Conf. #6701
		Filing Date	November 20, 2000
		First Named Inventor	Robert C. Ross, Jr.
		Art Unit	2143
		Examiner Name	G. C. Neurauter
Total Number of Pages in This Submission		Attorney Docket Number	36956-168147

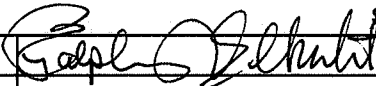
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form SB-17 <input checked="" type="checkbox"/> Transmittal Form SB-21 <input checked="" type="checkbox"/> Amendment and Reply to Final Office Action <input checked="" type="checkbox"/> Amendment Transmittal <input checked="" type="checkbox"/> Yellow filing receipt <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <div style="border: 1px solid black; display: inline-block; padding: 2px;">Remarks</div> </div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	VENABLE LLP	
Signature		
Printed name	Ralph P. Albrecht	
Date	May 9, 2008	Reg. No. 43,466

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2008</h3>		<p><b>Complete if Known</b></p>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/714,997-Conf. #6701
		Filing Date	November 20, 2000
		First Named Inventor	Robert C. Ross, Jr.
		Examiner Name	G. C. Neurauter
		Art Unit	2143
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$) 0.00	Attorney Docket No. 36956-168147

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account                    Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
15 - 20 = 0		x 25.00	=	0.00			
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
3 - 4 = 0		x 105.00	=	0.00			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - 100 = _____	/50 = _____	(round up to a whole number) x _____	=	_____			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	43,466
Name (Print/Type)	Ralph P. Albrecht	Telephone	(703) 760-1681
		Date	May 9, 2008

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 36956-168147	
Application No. 09/714,997-Conf. #6701	Filing Date November 20, 2000	Examiner G. C. Neurauter	Art Unit 2143	

Applicant(s): Robert C. Ross, Jr.

Invention: **SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT  
FOR PROVIDING A MULTI-USER E-MAIL SYSTEM**

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.  
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
<b>Total Claims</b>	15	- 20 =	0	x 25.00	0.00	
<b>Independent Claims</b>	3	- 4 =	0	x 105.00	0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						
Other fee (please specify): <b>NOTE: <u>2-mo. Extension of Time</u> <u>filed with Notice of Appeal 4/9/2008</u></b>						
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00	

☐ Large Entity
 ☒ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
 A duplicate copy of this sheet is enclosed.

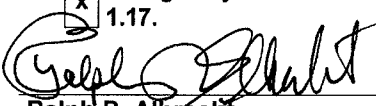
☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 22-0261  
 as described below.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.



**Ralph P. Albrecht**  
 Attorney/Agent Reg. No.: 43,466

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Dated: May 9, 2008

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